

LOCAL REPORT NO. 21-070978

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-070978

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 2		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 09/18/2021	DAY SAT	TIME MILITARY 15:07	DATE REPORTED 09/18/2021	DAY REPORTED Sat	TIME REPORTED

ACCIDENT OCCURRED
7725 HOKE RD

<input checked="" type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> WEATHER	<input checked="" type="checkbox"/> ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S)
1 DAY LIGHT 2 DAWN 3 DUSK	4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER	1 NO ADVERSE WEATHER 2 RAIN 3 SNOW	4 FOG 5 HIGH WIND 6 OTHER
1 DRY 2 WET 3 SNOW	4 ICE 5 DIRT/SAND 6 OTHER	<input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN	

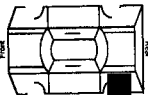
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. HOMEOWNERS INS CO	PHONE NUMBER (937) 833-4039
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) LIGHTCAP, NANCY, L	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 821 BARKINS AVE ENGLEWOOD OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 02/25/1939	AGE 82	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS SAME	PHONE NUMBER redacted
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VEH YR 2015	MAKE Toyota	MODEL PRIUS	COLOR RED	STYLE 4D	STATE OH	LICENSE PLATE NO. ERY5034	TOWING SERVICE	VEH/PED DIR FROM S To E
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR		11 LOAD	12 TRAILER		

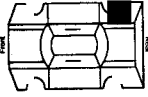
B UNIT NO. 02	NO OF OCCUPANTS 00	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. USAA	PHONE NUMBER (210) 531-8722
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) SIMMONS, ANNIE, LOUISE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 100 BRIAR HEATH CIR DAYTON OH, 45415
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 07/23/1945	AGE 76	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) SIMMONS, LEVON	ADDRESS 100 BRIAR HEATH CIR, DAYTON, OH, 45415	PHONE NUMBER redacted
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VEH YR 2019	MAKE Nissan	MODEL MAXIMA	COLOR BLACK	STYLE 4D	STATE OH	LICENSE PLATE NO. ANNLS2	TOWING SERVICE	VEH/PED DIR FROM S To N
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR		11 LOAD	12 TRAILER		

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

Unit 2 was parked in a parking spot with the driver inside the vehicle. Unit 1 was parked in the parking lot on the opposite side of the row. Unit 1 backed up and the drivers side rear quarter panel struck the passenger side rear quarter panel of unit 2.

Unit 1 Insurance: Home-Owners Insurance Company
Policy # 44-661-897-02

Unit 2 Insurance: USAA
Policy # 001802492U71027

RECEIVED CALL 15:07	CLEARED 16:00	OFFICER'S NAME Ofc. T.J. Ricker	BADGE NO. 249	CHECKED BY 103
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